

**Summary Minutes: Medical Care Advisory Committee  
January 30-31, 2015  
Baranof Hotel Gastineau Suite  
Juneau, Alaska**

**Members/Medicaid Program officials present:**

Lorilyn Swanson, Chair; Renae Axelson Vice-Chair; Margaret Brodie, HCS Director; Catriona Reynolds; Renee Stoll, RPh; Mark Walker, LCSW; Dan Kiley, DDS; Shelly Deering, RN/BSN/CCRN; Matthew Hirschfeld, MD/PhD; Phillip Hofstetter, Au. D.; Jon Sherwood, DHSS Executive Staff; Renee Gayhart, DHSS Executive Staff

**Members absent:** none

*Friday January 30, 2015*

**Minutes of September 5-6, 2014.** Adopted as presented.

**Announcements.** Welcome new committee members Matthew Hirschfeld and Phillip Hofstetter. Welcome back to Jon Sherwood and Renee Gayhart representing DHSS Executive Staff.

- **Matthew Hirschfeld, MD/PhD** – Provider-Physician
- **Philip Hofstetter** – Hospital Administrator
- **Jon Sherwood** – DHSS Deputy Commissioner
- **Renee Gayhart** – DHSS Tribal Health Program Manager

**Department and Divisional updates,** *Margaret Brodie, HCS Division Director; Jon Sherwood, DHSS Deputy Commissioner; Renee Gayhart, HCS Tribal Health Program Manager*

- **State Budget**
  - Reductions of 5-6% are expected from all state departments of 5-6%, with overall state reductions in the next 4 years of 25%.
  - Medicaid Expansion will create additional positions within the Department. Funding source probability for assistance with RFPs and contracts associated with Medicaid expansion will be from the Mental Health Trust Authority.
  - Additional position cuts are being evaluated by personnel and the unions based on the criteria of job series, bargaining units, and location. Most of the current cuts were a “sweep” of non-filled positions and upcoming retirement’s vs active filled positions.
  - Programs will be affected by the budget cuts.
- **Xerox/Enterprise System**
  - Hearings will begin the week of February 17, 2015.
  - Over 6,000 pages of discovery have been submitted to the State from Xerox.
  - Over 12,000 pages have been sent back for discovery from the State to Xerox to include CMS37 (budget) and CMS64 (expenditures) with all backup.
  - State of Alaska expenditures are less than 1% of the national budget and insignificant in the overall picture of other states.

- Xerox to receive Statement of Harm letter from the State of Alaska.
- **Corrective Action Plan (CAP) from Xerox**  
([http://dhss.alaska.gov/dhcs/Pages/news/Xerox\\_plan.aspx](http://dhss.alaska.gov/dhcs/Pages/news/Xerox_plan.aspx))
  - At the end of February 2015, the goal is to have all claims paying and paying correctly.
  - Post CAP period should have deferred items worked in the next 4-6 months, and then we will work towards certification.
  - State of Alaska lawyers hired Navigant (Navigant.com) to review the system and report back to HCS by January 30, 2015.
  - Xerox will report their progress on the CAP in the Executive Review meeting held weekly on Thursdays.
  - During the post Cap period, mass adjustments will be made and the State will be working with the providers on how to process their claims
  - All Xerox meetings moving forward will have an agenda and minutes.
- **Provider Payment Issues**
  - Providers needing assistance regarding reconciling claims and loan issues should contact Cindy Christensen (907) 334-2430 or Sherri LaRue (907) 334-2656
  - Each provider given an Advance Payment is offered the choice of installments or lump sum or taking the payments from claims
- **State Plan Amendment (SPA) Updates**
  - There are four plans for Medicaid Expansion
  - There are four teams working on the plans to ensure continuity

**Roundtable discussion.** The committee members were given five minutes each to advocate for their stakeholder group.

- **Catriona Reynolds** – Non-governmental social services agency representative. Patients are having issues with the Healthcare.gov marketplace. Healthcare.gov is requesting denials from Medicaid first before providing coverage.
- **Shelly Deering** – Provider-Registered Nurse, Medicaid Provider. Providers are having issues with Pre-Authorizations to transport patients back into Alaska that require a medivac transport.
- **Mark Walker** – Provider-Behavioral Health. Mark has concerns regarding the impact and compensation to providers with Medicaid Expansion.
- **Dan Kiley** – Provider-Dental. Dan is concerned about Xerox instructing providers to use a form from 2006 that isn't compatible with any current software. He would also like to address streamlining the overall administrative processes, especially Pre-authorizations. He suggested looking at structuring the administrative process after a third party model.
- **Rena Axelson** – Co-Chair and Provider-Pharmacy and Home Medical Equipment Provider, Compliance Officer.

With the Durable Medical Equipment Regulations, there is cost-cutting on pharmacy items like wipes and lotions. The amount of time it takes to order a box of gloves requires authorization and many steps for a \$9.00 box of gloves.

- **Renee Stoll** – Provider-Pharmacist.  
Renee is interested in telemedicine approach. She stated the 1<sup>st</sup> through the 8<sup>th</sup> of the month there's a shortage of pain meds for pharmacies. Prior Authorization's for pharmacy are being denied; there's no coverage for certain prescriptions and then patient doesn't receive their medications. This is very confusing and upsetting for the recipients because the verbiage in the Pharmacy pamphlet can be misleading. The Preferred Drug list needs to be updated and the prescription providers and recipients need to be educated on generic versus name brand. The Drug Monitoring database is a valuable tool and is concerned that the funding for it may go away. The drug acquisition costs are not truly representing the actual cost to Alaska versus the lower 48 states and needs to be aligned with the current prices.
- **Lorilyn Swanson** – Chair and Consumer-Senior Advocate.  
Alaska is the fastest growing senior population and the majority have not prepared for long term care. There are Presumptive Eligibility issues with many of the seniors; many do not want to complete the application packet due to negative feelings of being on public assistance.
- **Matthew Hirschfeld** – Provider-Physician.  
Matt discussed Adverse Child Experiences (ACE's) such as sexual abuse, physical abuse, divorce, major events or trauma, chronic health problems. Statistically, more child visits occur at the end/beginning of the month have been found to contribute to pay days for parents and larger amounts of alcohol consumption in the home. Pat Sidmore created a chart, which shows a decrease in abilities to help families and an increase in Medicaid patient load. Studies found a 41% decrease and resiliency with more education and awareness. In addition, networking is great and positive parenting encouragement. (Matthew will forward the presentation to members).
- **Phillip Hofstetter** – Hospital Administrator  
Tele health/videoconferencing is the key to best practices. Phillips recommended efficiency for Prior Authorization regarding travel issues for lodging and cab waivers. IF authorization flexibility could exist, it would be very beneficial to the recipient, provider and the Medicaid program. As an example, if the provider is able to get the patient on a commercial flight versus a medivac, it could make a huge fiscal difference and provide more options to the recipient and provider.

***Alaska Medicaid Coordinated Care Initiative (AMCCI) Presentation, PK Wilson, Deb Taylor, and Clarissa Moon, HCS Quality Assurance Team; Jason Haas, Marianna Hiller MedExpert Team***

- The Alaska Managed Care Coordination Initiative or AMCCI which is run through the Quality Assurance unit at DHCS, has MedExpert agency on contract for approximately 2 years with the 3<sup>rd</sup> year optional. All volunteer beneficiaries are on a 12-month participation basis with no change in coverage and will not be locked into one specific physician but are asked to consider choosing a primary care physician and pharmacy.

Focus will be referrals from communities and on recipients within the medical community. MedExpert's primary job is to help facilitate consistent quality service delivery between the recipient and their care providers within Alaska.

***Department Update, DHSS Commissioner Valerie Davidson***

- Commissioner Davidson introduced Medicaid Expansion Program Director Chris Ashenbrenner and Health Care Policy Advisor Monique Martin who have the background working with the federal Health Care exchange”.
- Commissioner Davidson informed the group of upcoming challenges within the state regarding state budget cuts necessary from each department due to oil revenue declines. There was a 6% cut proposed by Governor Walker. Increasing access to medical services is the biggest priority for Alaska. She also expressed the need for more and better health care to all Alaskans regarding the Medicaid expansion and also touched on the Reform issues. Changes will be necessary for implementation of the expansion.
- Commissioner Davidson is open to ideas and suggestions for best practices. She stressed expansion first and reform later. The Governor's cabinet was instructed to identify budget first versus revenues first. The state has not identified this in the past and that's why the state is where it is right now. She stressed the importance of being transparent and to identify the savings for the Legislative review. The Commissioner stated the Alaska Mental Health Trust has authorized an RFP for reform within the next year. Chris Ashenbrenner stated this could occur in a year or later to insure its Alaska specific.
- Commissioner Davidson is looking for people who would like to offer up a 1-2 minute stories of what it would mean to benefit from Medicaid Expansion. Please refer them to her office.

***Public Assistance Update, Acting Public Assistance Director Ron Kreher***

- Director Kreher discussed there are 40,000 Alaskans potentially eligible for Medicaid expansion and Hospital Presumptive Eligibility. He discussed the backlog application issues due to the old system and the new ARIES system. They are receiving over 10,000 applications per month (all programs including food stamps), there are 100 office assistants providing support and 250 Eligibility Technicians working the applications. In addition, 60 other staff members from the department have been pulled over to help. There has been an extreme amount of overtime from DPA staff. Several resources are being analyzed. Many issues include MAGI complications, delays based on complexity, 9,000-10,000 are outside of the federal time frame for processing. There is a 30-day determination window (federal is 40-day determination). So far over 1,000 defects with ARIES and applications can't be worked until the glitches are fixed. Working with a 30-year application system and Aries has delayed processing. Priority cases are bumped to the top based on status such as pregnant mothers. Applications are being worked as far back as September of 2014.
- Eight hospitals have signed up for Hospital Presumptive Eligibility and seven more with Memorandum of Agreements (MOA's) are pending. For information regarding this contact will be Christina Cross at (907) 465-1618 or [Christina.cross@alaska.gov](mailto:Christina.cross@alaska.gov).

**Public Comment, Lorilyn Swanson, MCAC Chair.** Public comment was held at The Baranof Hotel Gastineau Suite from 1:30-3:00pm. The committee heard comment from one individual in person and two telephonically.

- **Nancy Shima – Administrative staff in local Juneau provider's office**
  - The billing issues with Xerox have shown major improvement. Some issues still need to be corrected.
  - There are issues regarding travel arrangements for recipients, the provider receives adverse notice the last 10 days of the month or else the following month is covered. They make the appointment, enter in the data and get travel arrangements secured. It would be ideal for the provider if its streamline better; it's time consuming with the provider staff.
  - Her office is concerned over the cuts to the programs associated with Medicaid because their clients usually have other issues associated with the programs that may be cut.
  - If cuts happen that affect the adult patient load, the provider may lose the children patient load, too as most adults with children go where both can be seen by the same provider (all under one roof).
  - Nancy asked if sending Explanation of Benefits (EOB's) would help avoid Medicaid Fraud? Patients may not understand what it all entails, Margaret Brodie answered that security and HIPAA are the reason for no EOB's to the patient; it's a long way away from being resolved.
  
- **Rob Groghan (telephonic) – Matsu Regional representing 5-6 clinics**
  - His office is still having issues with Xerox, when will everything be working correctly?
  - Rob had questions regarding the CAP from Xerox, Margaret Brodie responded with implementation of the plan deadline toward the end of February 2015 and also referred HCS website to Rob.
  
- **Sherry Mettler (telephonic) – Member Alaska Assisted Living Home Association, Soldotna**
  - Sherry had concerns for clients "deemed fit" and no longer eligible for Medicaid because of a short visit with an assessor and "assumed well enough". The criteria isn't realistic when the assessor spends 20 minutes with the recipient versus conversing with the providers to determine whether the recipient is "deemed fit". Margaret Brodie agreed and stated she has created a physician form with specific criteria on it that was not approved in the past. MCAC members would like resubmission of this form for approval. Additionally, the committee felt a "third party" who's only interest is in the well-being of the recipient, not the state or the provider, should be involved.
  - Seventy dollars per day is not an affordable payment for a facility for all inclusive such as food, laundry etc.
  - Sherry recommended using the SDS E-alert system regarding future MCAC meetings, Margaret Brodie seconded the suggestion and in the future there should be an E-alert for future meetings.

***Commission on Aging Alzheimer Roadmap Presentation, Executive Director Denise Daniello***

- Denise presented Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias (ADRD). Slide show presentation, the slide presentation was sent to MCAC members.

*Saturday, January 31, 2015*

***Review discussion, Lorilyn Swanson, Committee Chair***

- Vacancies for committee need to be filled, especially the nursing home and recipient positions. The bylaws have a minimum number and maximum number for the committee and not all spots need to be filled. Verify roster and send changes to Joey Tillson, Administrative Coordinator.
- Dan Kiley recommends public notice announcement before meeting to clarify the public's part in the process of public comment slots during meetings.
- Flyer suggestion for MCAC to include drug list, generics should be the preferred list, quarterly reports for pharmacy.

***Results Based Accountability (RBA), Shelly Deering, Committee Member***

- Committee members feel their progress is "Measureable" when the meetings are theme-based. Possible themes for upcoming meetings are:
  - Durable Medical Equipment (DME)
  - Tele health/unified health information
  - Child development (ACE's)
  - Updated Drug List (Preferred List)
- Annual report on progress to be prepared by Shelly
- Need to consider low or no cost meetings during this State fiscal crisis
- Notification for upcoming meetings via E-Alerts and on the RA's to providers
- Recipient participation would be ideal for Public Comment portion of the MCAC meetings
- Refer to the RBA first in all meetings to set the desired goals
- Report cards should be sent out before the next scheduled meeting
- Four desired outcomes to go out to MCAC

***Topics the members are considering***

- Review medication management and review list with patient recipients to determine need
- Care Coordinators should be separated from the providers.
- AHAN/Alaska Healthcare Consortium (HIT/HIE) and the Health Care Commission is researching a way to interface the different programs with a big database to connect and any fees associated with it.
- Focus on unified health records.
- Opportunities for case management, a suggestion would be at the next meeting to have people who are actually working in Medicaid.
- Review the language and environment of the Public Comment portion of the meetings
- Use Technology as a tool and determine the technical barriers

- Travel reductions due to tele health options like virtual visits will be most cost effective.
- Incentive for travel authorizations are ideal and need to be streamlined.
- Prevention, standard of care for tele health standards/processes for tele health with incentives to choose tele health over travel.
- “Standards” for tele health versus “standardization” is the key to implementation.
- Barrier reduction and customer service needs improvement.
- Work on partnerships; utilize the partnerships with other agencies such as VA etc.

**Comments.**

- Footnote should be included with “The Xerox Factor” to explain the anomaly and a venue to vent.
- Recommendations from MCAC due in September.
- MCAC Business Cards to be created for each member by Joey Tillson Administrative Coordinator.

**Prepare for next meetings.** *Lorilyn Swanson, Committee chair*

- Agenda items for next meeting
  - Theme-based
  - Tele health/video conferencing, round table discussion
  - Discuss Governor budget results
  - DME’s
  - Ron Kreher or Jon Sherwood to discuss DPA issues
- Meeting Dates Determined:
  - June 26-27, 2015 in Anchorage, AK at DHSS/HCS building, public comment at Anchorage Neighborhood Health Center
  - September 11-12, Anchorage AK at DHSS/HCS building, public comment at Anchorage Neighborhood Health Center